

**WOMEN'S ALCOHOL
& DRUG PROGRAM
SERVICES
TECHNICAL
ASSISTANCE
TRAINING SERIES**

Empowerment of Latinas in Recovery

Office of Minority Health
Resource Center
PO Box 37337
Washington, DC 20013-7337

CWCADD

**CALIFORNIA
WOMEN'S
COMMISSION ON
ALCOHOL AND
DRUG
DEPENDENCIES**

By Lorena Gardea

of PROTOTYPES/

The Josette Mondonaro Women's Resource Center

MH97D2969

This booklet was produced as a part of a training curriculum for the Women's Alcohol and Drug Program Services Technical Assistance and Training Project. The technical assistance and training contract for women's services is funded by the California Department of Alcohol and Drug Programs and coordinated by the California Women's Commission on Alcohol and Drug Dependencies (CWCADD).

The Women's Technical Assistance and Training Project is designed to help California's providers of alcohol and drug program services develop, implement and improve services for women, including services for pregnant and parenting women.

The California Women's Commission on Alcohol and Drug Dependencies is a statewide, nonprofit membership organization dedicated to the prevention and reduction of alcohol and other drug related problems among women, their families and their communities. CWCADD accomplishes this mission through education, advocacy and community organizing.

Additional copies of this and other related publications are available from:

The California Women's Commission
on Alcohol and Drug Dependencies (CWCADD)
14622 Victory Blvd., Suite 100
Van Nuys, California 91411
(818) 376-0470 (voice/TDD)
(818) 376-1307 (fax)

1995

**WOMEN'S ALCOHOL
& DRUG PROGRAM
SERVICES
TECHNICAL
ASSISTANCE
TRAINING SERIES**

Empowerment of Latinas in Recovery

CWCADD

**CALIFORNIA
WOMEN'S
COMMISSION ON
ALCOHOL AND
DRUG
DEPENDENCIES**

By Lorena Gardea

of PROTOTYPES/

The Josette Mondonaro Women's Resource Center

Table of Contents

Foreword	1
-----------------	---

Acknowledgments	2
------------------------	---

Introduction	3
---------------------	---

Chapter One— Empowerment and the Latina Woman	7
--	---

Chapter Two— Overview of Latino Culture	13
--	----

Chapter Three— Assimilation, Acculturation and Transculturation	27
--	----

Chapter Four— Implications for Treatment and Recovery	31
--	----

Summary	40
----------------	----

References and Suggested Reading	41
---	----

Foreword

This booklet was developed as a complement to a workshop on providing services for Latinas. It was also developed in recognition of the fact that Latinas are vastly under-served in the alcohol and drug prevention and recovery service delivery system in California. In order to establish and enhance services for Latinas, it is important that service providers 1) support the development of culturally specific services for Latinas in their communities and 2) challenge themselves to improve their capacity to reach and serve the diversity of Latinas that may seek their assistance. It is hoped that this booklet will be a helpful tool in improving the capacity of programs to better serve Latinas in recovery.

The opinions expressed are those of the authors and consultants who have developed and used these materials. They developed the curriculum in response to requests for technical assistance and training from women's and perinatal alcohol and other drug treatment and recovery programs. These authors were selected because they have had first-hand experience with the issues covered.

These training materials may be copied and distributed without permission. ✓

Laurie Drabble,
Executive Director
CWCADD

Acknowledgments

To Toni Mosley for her exceptional support and key contributions to the development and realization of this project—and for her enduring dedication to the empowerment of all women.

To Women of Color who inspire and encourage our own empowerment and our striving to define ourselves.

Maria Roja, Cindy Lemoire, Vivian Morales

— *Community Youth Gang Services*

Lydia Acosta

— *Pasadena Recovery Center*

Ivette Mora, Claudia Palacios

— *Hope In Youth*

Ernie Serna, Gloria Scott, Les Lazerus, Terry Fatjo

— *Socorro*

Alex Saldana, Celia Aragon

— *BHS*

Dolores Perea

— *Joint Efforts*

Raquel Ortiz, Tom Beczan, Esperanza Chavez

— *Plaza Community Center, Esperanza Project*

Rosaura Campos

— *Community Resource*

Kris Hennings, Peggy Larios, Dawn Russel

— *Reaching Out To Moms and Kids*

Mac Arthur Flournoy

— *San Francisco AIDS Project*

Pat Conolly, Mireya Mediano, Maribel Gardea, Evelyn Reyes

— *PROTOTYPES/W.A.R.N.*

Lorena Gardea

Introduction

A substance-using woman of color can emerge from the treatment process empowered, holistically focused and much more spiritually grounded if treatment is culturally meaningful, psychosocially relevant and gender-specific. Validating her personal life experiences and the challenges that she has faced can provide her with the space and perspective to creatively define for herself those solutions to her issues that seem most relevant to her circumstance.

Conventional treatment approaches generally are not developed with women of color in mind, and are even less specific to any one cultural group. Until very recently, most normative standards reflected white middle class male values and perspectives. Consequently, treatment outcomes indicated a high incidence of relapse and poor client retention. Even more inhibiting, there has been an absence of facilities for treatment options. Culturally specific and gender-specific programs offer Latinas an opportunity to address their “whole selves” by examining sociocultural and historical factors that are particular to their experience and by addressing psychosocial problems within the context of their own diversity.

Understanding the specific dynamics that encompass a culture, allows us to put an individual’s experience in context without being stereotypical or demeaning. To the degree that we put into context our own sense of culture, we can begin to be better prepared to serve those from other cultures. Understanding of how culture can impact our behavior and world view, leads to our becoming competent in our counseling and working with substance abusing women of color. Finally, grasping how a dominant culture’s value systems can affect other cultural groups can assist us in making changes to better serve various minority groups in their efforts toward recovery.

This booklet focuses on LATINAS, a group of women from diverse geographic regions, who are identified as one of the most underserved women’s groups in California. Recent research suggests that this group suffers disproportionately from educational, vocational, and psychosocial stressors that make them a high risk group for substance abuse.¹ A recent perinatal study revealed that acculturation may also contribute to this group being at high risk.²

It is with these considerations that this booklet will consider several key topics over the next several chapters.

Chapter One, “The Latina Dilemma,” explores the internal “tugs of war” that Latinas experience, caused by the apparently conflicting value systems of “the American way” versus Latino cultural dictates. These dilemmas are accentuated in treatment when our Latina clients are faced with treatment goals and processes which often contradict the traditional female roles they were ascribed.

Chapter Two identifies traditional Latino values, various Latino subgroups, and the various spiritual practices that exist within the Latino culture. Each of these is seen as a key to understanding and empowering the Latina. There are many similarities between Latinos from different countries. However each group has its own unique history, as well as cultural and political forces that shape and influence it. A brief description of different subgroups and a list and definition of key Latino values are outlined in this section. Understanding and respecting cultural values may make service providers more effective and the treatment experience more thorough for our participants. Finally, the chapter also contains an overview of the role that religious and spiritual practices and beliefs play in the daily lives of Latinas. Various spiritual practices common in the Latino culture and their impact on health practices (including drug and alcohol treatment) are listed.

Chapter Three reviews the differences between assimilation, acculturation and transculturation, along with a discussion of the stressors faced by Latinas at different points along this spectrum. An awareness of the issues that arise from these stressors is key for drug and alcohol treatment programs to enhance their services to Latinas.

Finally, Chapter Four discusses "Implications for Treatment and Recovery" in relation to program philosophy, practice and staffing.

It is our hope that this effort will stimulate and expand our perspective so we may be able to better serve Latinas, and, more importantly, that she may be better able to empower herself.

Goals For Attaining Cultural Competency

- ◆ To increase awareness of how the counselor's cultural perspective can impact treatment outcomes.
- ◆ To increase knowledge of how cultural roles may specifically impact the counseling relationship.
- ◆ To enhance awareness of how one can increase cultural competence by celebrating difference and honoring ritual.
- ◆ To examine communication and relative styles and their impact on working with culturally diverse groups.
- ◆ To increase awareness of effective strategies for working with Latinas.

Common Expressions of Culture

- | | |
|----------------------------|-------------------|
| ◆ age-related celebrations | ◆ hygiene |
| ◆ birthing rites | ◆ interaction |
| ◆ bodily adornment | ◆ language |
| ◆ celebration | ◆ law |
| ◆ child rearing | ◆ marriage |
| ◆ cooperative labor | ◆ mealtimes |
| ◆ courtesy | ◆ medicine |
| ◆ courtship | ◆ modesty |
| ◆ dancing | ◆ mourning |
| ◆ education | ◆ music |
| ◆ ethics | ◆ personal names |
| ◆ etiquette | ◆ post-natal care |
| ◆ family structure | ◆ problem solving |
| ◆ family feasting | ◆ property rights |
| ◆ folklore | ◆ puberty customs |
| ◆ funeral rites | ◆ religion |
| ◆ games | ◆ rituals |
| ◆ gestures | ◆ sexuality |
| ◆ greetings | ◆ spirituality |
| ◆ hospitality | ◆ taboos |
| ◆ housing | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Chapter One

Empowerment and the Latina

The Latina Dilemma

A clash of cultures can occur any time one group's orientation and way of doing things differs greatly from another's. Often the experience of a Latina who enters a standard treatment facility is much like walking into another world complete with a language with which she may have little familiarity. She may be severely limited in her ability to understand the process, and as important, to be understood. Matters become more complex when it appears that her values and experiences are identified by the treatment program as inferior, maladjusted or otherwise unacceptable. In order to stabilize her life and to obtain sobriety following program guidelines, she may feel that she will need to change or reject her long standing value system. This is the Latina Dilemma.

A focus group was held with Latina drug treatment service providers in the Los Angeles area to specifically identify what they experienced as the Latina dilemma, and conflicts they saw their clients run into as they attempted to get help with their substance abuse problems. The group identified several struggles that often arise when a Latina seeks help with her substance abuse.

Role In The Family

Latina clients invariably felt that to embrace treatment was to directly challenge a cultural mandate that women should be submissive to their men. Their parents, and eventually the men in their lives, are seen as the ultimate authority figures. Values of assertiveness, self-directiveness and independence often taught in treatment programs seem to go against a Latina's upbringing, which requires submissiveness. This creates conflict and confusion in Latinas. They often feel like they are going against appropriate family expectations if they involve themselves in treatment. Therapies enhancing self-worth and empowerment may be mis-perceived by family members, causing the family to feel threatened by the woman's behavior and the changed perspective of her role in the family. This often leads to the family not being supportive of the woman's attempt to obtain sobriety. The requirement of attending 12-step meetings and other activities out of the home becomes another source of conflict and struggle.

Dealing With Various Service Providers

Health care providers, substance abuse counselors, and Department of Children's Services workers are often identified as representing "the system." Generally those working for "the system" are not to be trusted. Talking about family problems with outsiders is seen as disrespectful to the integrity of the family. There is a general suspicion that the provider is not an advocate for the mother or the family, and if anything, will further separate the woman from her family. Specifically in the case of people who work in recovery, Latinas and their families feel that the service provider will divulge whatever information is told to them and may tell police or the immigration department. Proposition 187 now exacerbates that fear.

Addressing Treatment Issues

Establishing and maintaining a therapeutic alliance with the Latina woman can be a dilemma in the absence of culturally competent counselors. The recovery goals and the treatment plan developed to address the problems identified by her must be responsive to the way she perceives and responds to the world. Highlighted here are a few recovery-specific problem areas.

Addiction

The stigma associated with substance use, especially for females, in the Latino culture, can be a major contributing factor to the denial and the resistance for a woman seeking help with a drug problem. The client may have a great deal of conflict about how she will be perceived by her family and the degree to which she may have brought shame to them because of her addiction. It may be much more acceptable to minimize alcohol use than to identify one's self as a alcoholic. The dilemma becomes, "Why engage in treatment if my family will be dishonored for it?"

Domestic Violence

Family values and the dilemmas discussed earlier create a tremendous barrier in breaking a "family secret." Because of the authority role that the male has in the home, a Latina may feel unjustified in talking about this issue. Also, there may be fear of retaliation if the problem is brought up outside of the home. She may have real fears that her treatment will be jeopardized if her husband is threatened by the changes he sees in his wife. The woman may feel a need to protect her man from the system. She may interpret his behavior as an indirect result of problems that he may be having in dealing with the majority culture. She may believe that she is responsible for the violence because she has not been doing her part as his mate by helping him cope. From a cultural perspective, fear, respect, or the need to maintain the secret only complicate the other factors inherent in addressing domestic violence in the family.

Low Self-Esteem

Developing a more positive sense of self can become an important dilemma for the Latina woman. She may have defined herself only by her role as mother, wife or daughter. Self-identity is often a foreign concept. It may require a great deal of discussion to appreciate the value of this process. If in the treatment regime it seems that the process is demanding that she somehow put herself first, over her other roles, it can create a crisis for her. It may appear to her that buying into treatment, into recovery, is asking her to give up her family and related values in order to adopt the values essential for self-esteem building.

Religious Constraints

Often a Latina feels that the behavior advocated in treatment is in direct conflict with the values of her religious doctrine. Accepting family planning or safer sex practices (using condoms, birth control) may pose serious barriers. Having the woman connect to the 12-step community, i.e., Alcoholics Anonymous, may be difficult if the concept of a "Higher Power" is perceived as in opposition to her religious upbringing. Again the challenge becomes, "Can I buy into these concepts for sobriety without losing my religion?"

Relationships

Family is such a central factor in the Latina's life, that a dilemma arises when treatment seems to challenge her established relationships. She may have to allow others to care for her children to enter a recovery program. If the woman is able to bring her children into the treatment setting, there is often a direct conflict between the program's rules for disciplining children and the woman's need to discipline her children the same way she was raised. As the woman becomes more empowered by the treatment experience, the family may feel that she is going against her ascribed role within that family. The family may be dysfunctional, but even a stable family may not appreciate and support program values different from theirs.

Culture

Cultural identity itself may become a treatment issue for the Latina. She may have specific conflicts related to how she perceives herself within her race and cultural group. She may have a negative perspective of her heritage and may have guilt and shame about who she is. Her level of acculturation may be problematic for her to the degree that her peer group and/or her family accepts or rejects it. Many times she may be dealing with unresolved feelings of guilt and shame, feeling she has betrayed her culture or family because of assimilation or acculturation issues. She may not even see herself as worthy of recovery due to behaviors that she practiced while active in her addiction. She may perceive herself as having brought shame to her family and to her people. She may even be unconscious of her feelings regarding many or all of the above. These issues, unaddressed, can contribute to an unsuccessful treatment attempt.

Sexuality

This area becomes a dilemma in that it again seems to put the Latina at odds with her religious beliefs and what the treatment program is suggesting is appropriate. Negotiating safe sex challenges the view of power and control in her male relationships. Since self-esteem is so connected with family, often having many children may be seen as a badge of honor in that it reflects the Latina as an Adult Woman, as a Mother, and a program that values of birth control may be in conflict with this perspective. Many times programs recommend having smaller families or using condoms, both of which may be in direct conflict with a Latina's values. Encouragement of discussion regarding sexuality, sexual

practices, and sexual orientation, in both individual counseling and group settings may for the first time allow the woman to explore an area that was taboo; she may discover that her sexual orientation is lesbian or bisexual, which may further increase her internal conflicts.

In the discussion of recovery and sexuality, because of homophobia and the resultant marginalization, it is important to recognize that Latina lesbians and bisexual women suffer from invisibility and silence. The issue of Latina sexuality, including bisexuality, requires in-depth discussion, which is beyond the scope of this handbook. The following is a **brief** overview of some of the issues facing the Latina lesbian population. *

The Latina lesbian confronts all of the previously mentioned stressors and attitudes toward her in addition to homophobia (fear of and bias against homosexuality). Consequently, a Latina lesbian may face the possibility of losing the love and support of her family, experiencing stressful or even hostile homophobic interactions at work, school or church (depending on spiritual beliefs), or losing her children and all legal rights to them. As a sexual renegade, these women are sometimes seen as *vendidas* or *la malinche*, sellouts, betrayers of her race. She also may be viewed as hypersexual, asexual, or stereotyped in the white lesbian image. These situations and beliefs may exist in a woman's life to varying degrees, but the depth of her fear of the very real danger poses a threat to her sobriety if unaddressed. Her renunciation of male (sexual) power, her choice to love women, her choice to have or not have children, her choices regarding acceptance or non acceptance of gender roles threatens and rewrites the established roles women are ascribed. The claim to sociosexual power¹, and her level of comfort with that power is part of the recovery process that *must* be acknowledged and affirmed in counseling.

"Coming out" as a lesbian is an ongoing process. The coming out process is a very critical time for Latina lesbians in recovery. Coming out can be very empowering. One confronts and overcomes a barrage of positive and negative situations and beliefs both internally and externally. Recovery goals are self-acceptance and celebrating oneself in all aspects. For the Latina lesbian this may mean choosing such things as self-affirming behavior, language, clothing, relationships, reading material, and spiritual practices.

A woman who is already "out" is at a different stage. Some friends, family, and co-workers may know, others may not. A woman in the final stages of coming out has generally informed those in her life circle about her sexual orientation. She will be dealing with different levels of acceptance or non-acceptance from family, friends and co-workers. Fortunately, if her family is supportive, the extended family unit may provide a space for significant others of lesbians, either as *tías*, *comadres* or *companeras*. What is critical for this woman is how effectively she copes with the simultaneous inner and outer process of coming out and living as a lesbian.

For additional resources, please refer to the suggested reading section in the back of this booklet.

* The information on Latina lesbians in this booklet was contributed by Sandy Ortiz. References/resources for this section are listed in the bibliography.

Building Strategies to Resolve the Issues That Result From "The Latina Dilemma"

We Advocate in Treatment	Latino Values	Strategies
<ul style="list-style-type: none"> • Birth Control /family planning 	Large families	Each program must take responsibility for developing methods and approaches to provide discussion and consideration of solutions to these issues
<ul style="list-style-type: none"> • Planning and goal setting 	"Si Dios quiere" (If God permits it to happen)	
<ul style="list-style-type: none"> • Ambition 	Humility & poverty is a virtue	
<ul style="list-style-type: none"> • Independence 	Interdependence	
<ul style="list-style-type: none"> • Assertiveness 	Submissiveness (including not asking for needs)	
<ul style="list-style-type: none"> • Higher Power 	Organized religion	
<ul style="list-style-type: none"> • Self-development 	Motherhood	

Chapter Two

Overview of Latino Culture

This section identifies traditional Latino values, the various Latino subgroups, and the various spiritual practices that exist within the Latino culture. (Much of the information in this section is from Cuentos de Esperanza, 1992). Each of these is seen as a key to understanding and empowering the Latina woman.

Latino Subgroups

There are many similarities between Latinos from different countries. However each group has its own unique history as well as cultural and political forces that shape and influence it. Providers should integrate this awareness into treatment services as appropriate.

The Latino population in the United States is growing rapidly. In just eleven years (1980-1991), the Latino population increased by 34 percent, compared to a 5.7 percent increase in the non-Latino population (based on Civilian Resident Population 1980-1988; Bureau of the Census, 1991). There are now more than 24 million Latinos living in the United States. The faces of the women we serve have begun and will continue to change to include more Latinas because of the rapid growth within this population. Being culturally competent includes knowing about the similarities and differences that exist within the cultures of the clients we serve. Following is a listing of the different Latino subgroups and a brief description of the various characteristics that each group possesses:

Mexican-Americans/Chicanos/as

- ◆ The United States is home to more than 11 million Mexican-Americans.
- ◆ Currently, 62.3 percent of Latinos are of Mexican origin, most of whom trace their racial ancestry to Meso-American Indians and/or Spaniards.
- ◆ Many persons of Mexican descent are not recent immigrants. Their families have lived for generations on the same land, once part of Mexico, now the states of California, Texas, Arizona, New Mexico, Colorado, and parts of Utah (Falicov, 1982).
- ◆ The term Mexican-American refers to those individuals of Mexican descent who are American citizens. Some Mexican-Americans have adopted the term Chicano/Chicana to identify themselves.
- ◆ Chicano/a is the term introduced during the early 1960s. It is widely recognized, self-ascribed political and philosophical term.
- ◆ The Chicano/a can easily identify with images and symbols of mainstream America, as well as those of Mexico (hot dogs and tacos; jazz and mariachis; Spanish and English; Lincoln and Juarez). This person lives in two worlds and is usually at home in each.

Puerto Ricans

- ◆ Puerto Ricans are the second largest Latino group in the United States, comprising approximately 11 percent of all Latinos in the U.S.
- ◆ Some 2.5 million Puerto Ricans live in the continental United States and 3 million live in the Commonwealth of Puerto Rico. Puerto Ricans became citizens of the United States upon passage of the Jones Act by the Congress of the United States in 1917.
- ◆ As American citizens, Puerto Ricans can move to the mainland without immigration restrictions. But when living on the island, they cannot vote in presidential elections and do not pay federal income taxes. Puerto Ricans residing in the United States have the same voting rights as all American citizens. Wherever Puerto Rican males reside, they must register with the United States Selective Service at the age of 18.
- ◆ The people of Puerto Rico have a proud heritage of Indian, European, and African roots. Puerto Ricans began a northward migration in the late 1940s and 1950s as part of "Operation Bootstrap." That plan, designed to improve the island's severe economic problems, established a yearly migration of thousands of Puerto Ricans to agricultural farmlands of the Northeast corridor of the United States (Padilla, Elena, *Up from Puerto Rico*, NY, Columbia University Press, 1958).
- ◆ In 1952, Puerto Rico became a commonwealth ruled by its own constitution. Most federal laws apply to Puerto Rico as though it were a state. The commonwealth receives assistance and protection from the United States government, but the Puerto Rican government has authority in all local matters. Puerto Rico is represented in the United States Congress by a resident commissioner. He/she is elected to a four-year term, but has no vote on congressional legislation.

Cuban Americans

Cubans comprise 4.9 percent of the total Latino population. Although their socioeconomic levels are not as high as non-Latino whites, Cuban Americans have a relatively high level of income and education compared to other Latino subgroups (U.S. Census, 1991).

The following factors account for the success of Cuban immigrants:

- ◆ The positive response early Cuban immigrants received from the United States, such as the resettlement help provided by the Cuban Refugee Assistance Program (Casal et al., 1979);
- ◆ The assistance available to new arrivals by already well-established Cuban communities;
- ◆ The fact that original Cuban immigrants tended to be well educated and come from financially secure backgrounds opposed to the populist values of the Cuban Revolution.

Other Hispanics/Latinos

The United States Bureau of the Census uses the term “other Hispanics” to cover a broad range of persons who come from more than fourteen Latin American countries.

Approximately 8 percent of all Latinos in the United States belong to this category (U.S. Census, 1991).

There are three main groupings among these populations: Central Americans, South Americans, and Latino Caribbeans (such as Dominicans). Another group is known as Hispanos. They are persons of Spanish origin, particularly those who trace their roots to Spanish colonizers.

Between 1950 and 1980, the Central and South American populations nearly doubled in the United States, from approximately 570,000 to more than 1 million (Hispanic Magazine, 1984). These groups – which are culturally heterogeneous – continue to immigrate in response to political and/or economic conditions, and can be concentrated in different regions according to national origin (Tienda and Bean, 1989):

- ◆ Dominicans in New York and New Jersey;
- ◆ Colombians in New York and Florida;
- ◆ Guatemalans in Los Angeles;
- ◆ Salvadorans in Los Angeles, Washington, D.C., and Houston;
- ◆ Nicaraguans in Miami.

Spaniards\Hispanos

The term Spaniard usually includes:

- ◆ Spanish;
- ◆ Basques;
- ◆ Catalonians and Spanish gypsies (Hispanic Magazine, 1984).

This group is about 8 percent of the U.S. Latino population (U.S. Bureau of the Census, 1991). The members in this group tend to have been born in the United States, and reside in the Southwest. Many of these families lived in what is now New Mexico, Colorado, Utah, Arizona, Nevada, and Texas before they were states.

Traditional Latino Values

Understanding and respecting cultural values can make service providers more effective and the recovery experience more thorough for our clients.

This section presents information on definitions of specific traditional values and characteristics.

Be sure to note that each Latino subgroup, and indeed each person within each group, perceives these values somewhat differently.

- ◆ These values are overarching and can apply to varying degrees to any Latina we are working with.
- ◆ Different members within each family may have different levels of affiliation with any of the values. This is particularly important when different generations live within the household, such as grandparents, parents and children.

Values are the foundation of our culture. They are expressed through language and behaviors, thoughts, attitudes, and practices. Our values influence our daily lives and the choices that we make.

Latina women make choices about their health behaviors from their cultural context. To understand Latino culture more clearly, an exploration of some traditional values is necessary.

FAMILIARISMO

- ◆ Familiarismo is a value that many would argue is the single most important and significant distinction between Latino families and mainstream, dominant United States culture.
- ◆ Familiarismo represents the intense “*interdependency*” of family members among each other. This includes a system of extended families:
 - tíos (uncles)
 - tías (aunts)
 - abuelos (grandparents)
 - compadres/comadres (godparents)
 - primos (cousins) and others

Sometimes close friends or others in the community become part of this family constellation.

Some aspects of how this value surfaces are:

- ◆ Emphasis on group interdependence over independence;
- ◆ Extended family boundaries;
- ◆ Affiliation instead of confrontation;
- ◆ Cooperation instead of competition.

Examples:

Two sisters seek a particular service, but only one can be admitted; therefore, each sister insists that the other be the one to be admitted.

A young woman wishes to date at the age of 17, and her parents agree that a particular date is appropriate. However, a tío or tía objects and thus she cannot go on the date.

A family whose father is in the hospital cannot have more than two visitors in the room at one time. They feel angry because the entire family is expected to be there with him.

PERSONALISMO

Personalismo is a value that describes the importance of personal contacts and relationships over organizational or institutional relationships.

Interaction with others usually begins with some degree of personal interaction before one “gets down to business.” It is important to first share something about oneself or one’s family or life situation before talking business. Similarly, ending a conversation occurs the same way. This is often known as “la platica” (the chit chat). Warmth and caring are essential, and it is expected that individuals will demonstrate personal interest.

Examples:

A woman tells you she is going to visit Dra. Cifuentes, instead of saying she is going to the medical clinic.

A woman says that she is going to visit with “Padre Modesto” instead of saying that she is going to see the principal at her child’s school.

A counselor leaves her door open while meeting with a client — a supervisor hears them talking in the room about the client’s car trouble and thinks the client is “defocusing” the treatment process when, in fact, this is “la platica” and is an essential process of the culture.

RESPECTO

Respeto is a key value that is prominent in Latino culture. It drives the interactions and relationships between people. It determines the deference paid to others on the basis of their age, authority status, socioeconomic level and other factors. Most commonly, age is the major factor that determines interpersonal interaction styles. The cultural standard is that:

- ◆ Elders require or expect respeto from those who are younger;
- ◆ Men require respeto from women – women from men;
- ◆ Teachers require respeto from students; and
- ◆ Parents require respeto from children.

Respeto is a reciprocal value – it must be given and received. Providing respeto to the women we serve is crucial if they are to value our words and recommendations.

Practitioners may have expert knowledge, education and skills which draw respeto from our clients but without reciprocal respeto, Latinas may feel dishonored or offended. If this happens, a woman may, regardless of her need, refuse information or treatment. Although she may appear to listen attentively (this is usually her expression of respeto back to the practitioner, even though she feels offended), she may block out what the counselor has said. The implication for service providers, however, is that the practitioner's words or "content" is unused because he/she breached this essential cultural expectation.

Examples:

A younger individual cannot get his point across to an elder, not because he is incorrect about the discussion or argument, but because the elder was addressed informally as "Tu" instead of formally as "Usted," thus demonstrating a lack of deference and respeto.

A prevention worker assumes that rapport is established simply because of her genuine caring about the client, but the client does not feel comfortable because respeto was never established; instead it was assumed.

The practitioner who does not speak Spanish, but struggles to greet a client with "Buenos Días" or addresses the client as "Señora" or "Doña," demonstrates respeto.

CARIÑO

Cariño is another key value that heavily influences Hispanic/Latino families. It is the expression of the unconditional love that family members have for each other. Cariño, loosely translated as caring, is the affection and appreciation for one another. It is also the *expectation* that each family member expresses cariño for one another. Cariño is a protective factor for families.

Examples:

A son or daughter who chooses to live in the home longer than the mainstream, dominant United States culture would expect.

Public displays of affection between parents and children.

Kissing, hugging, holding hands between family members, and towards others when greeting other Hispanic/Latinos.

A mother insisting that two sons accompany their sister and mother to the *clínica*, even though only the sister is ill, as a way of providing *cariño* as support.

CONFIANZA

Confianza is a critical value that determines the quality of long-term relationships among Hispanics/Latinos.

Confianza, or trust, is a quality that is developed over time and has been tested. Personal relationships are strengthened when confianza exists. Service providers must attempt early on to establish confianza if Hispanic/Latina women are to disclose their fears, problems, sensitive questions, and concerns to them.

Examples:

A woman is able to discuss her mate's violence before a sexual encounter. It may have taken several meetings before this is disclosed because confianza had to develop during appointments.

An individual feels safe in telling a provider about a family member's drinking habits, knowing that this information will not threaten the person or be told to that person's employer.

COMPADRAZGO

This value describes the sense that Hispanics/Latinos have that represents the bonds that exist among family, extended family, close friends, and neighbors of the community.

Traditionally, compadrazgo denotes the special bond and responsibility that is shared with a very close friend or friends during the baptism of one's child. Traditionally, padrino/madrina and compadre/comadre are at the heart of compadrazgo. A godparent is a Padrino or Madrina to a child that they baptized. These persons also become compadres and comadres to the parents of the baptized child.

These "coparents" are then responsible for the child's life and well-being, and must oversee the child's behavior, often helping with the decisions that pertain to the child's education

and, perhaps, dating. This bond is expected to last throughout a lifetime. Compadrazgo is the term used to refer to the sense of concern and responsibility Hispanic/Latinos feel toward each other through the baptism, and has come to be viewed in wider terms as a responsibility toward the community.

Examples:

A comadre/madrina accepts responsibility for raising a child when the parents either are injured or must move out of the country.

A padrino/compadre teaches a godchild about relationships.

Comadres jointly decide what is the best way to help a youngster balance school with work.

A comadre comes along with the client to a social services agency to gather information about legal services.

DIGNIDAD

Dignidad is a value that is fundamental to all traditional relationships. It requires that relationships be honest and that all interactions, promises, and covenants of an interpersonal nature live up to the expectation that each party is honest. It is a matter of honor and integrity.

Examples:

A practitioner gives his/her "word" that he or she will not mention this conversation to anyone, and this word is kept.

A personal transaction is conducted on the basis that both parties are honest, and that neither party would consider cheating the other, as an matter of honor.

COMUNICACIÓN

Important to all interaction with Hispanic/Latina women is a sense of comunicación, a belief that communication between two parties can flow smoothly and without pain. One way to encourage this is through understanding the basic elements of the communication style of Hispanics/Latinos. This may include language, personal space, touching, methods of expression, and eye contact.

When working with Hispanics/Latinos, it is often important to be physically closer than one might usually stand or sit with a non-Hispanic/Latino white. Usually, a minimum of two feet of distance between the service provider and client demonstrates a willingness and interest in the client. Using hand gestures and leaning closer to hear key points may also

reflect sensitivity. Typically, non-Hispanic whites stay further away from their clients – they keep a professional distance.

Female service providers should not be afraid to gently touch the women they work with. Hispanics/Latinas often hug, kiss, or hold hands with friends, relatives, and family members as a way of greeting each other, or to express affection. This is important and demonstrates a sensitivity to the client. However, all service providers (male and female) should avoid engaging in excessive familiarity and should be wary of becoming involved in potentially compromising situations, and should be sensitive to the preferences of survivors of sexual abuse who may not want to be touched.

Many Hispanics/Latinos are very expressive in their gesturing and exclamations. When a woman tells of her grief, and verbally groans or moans (as when in pain), it is often a techniques used to reduce pain. The dominant culture states that “crying is healthy,” yet when people of Hispanic/Latino culture are physically expressive, service providers often are quick to call them histrionic or cry babies. Physical expressiveness is valued in the culture, and practitioners who can accept this will be better prepared to serve the Hispanic/Latino population.

Many Hispanics/Latinos have been taught that it is a sign of respeto not to make eye contact with persons in authority, for example, a woman with her doctor, or an adolescent with a teacher, etc. Service providers can help to communicate more freely if they do not try to get the client to, “Look at me when I’m talking.” In fact, great respect is being shown, and if recognized, can help to build a sense of confianza over time. Additionally, those in authority are expected to look directly at the client when talking. This is in keeping with the value of respeto.

Additional Hispanic/Latino Values

Based on level of acculturation or assimilation, as well as on length of stay in the United States, some individuals may not be familiar with these values. Among many individuals and families, these values are sometimes considered “old world” in nature and not recognized as clearly among Hispanic/Latinos in some settings. Nonetheless, for families and individuals who clearly view these values as an important part of their identity, they can be used to gain access and credibility with the service recipient.

Orgullo: Orgullo literally means pride. Pride in oneself, in one’s heritage and culture, in one’s work and in one’s family. Orgullo also connotes self-sufficiency. “I take pride in providing for my family and we solve our problems at home” is an expression of orgullo. While orgullo has been considered an admirable trait in the past, it can also be a form of arrogance and isolationism from the larger community.

Orden: Orden literally means order, as in the need to follow the natural order of things and to prefer order to chaos. For instance, in an orderly world, men head households because they are able to physically shield their families from external harm and they provide financial support. Orden dictates that women should obey their husbands and

children should respect and obey their parents. This traditional value is being challenged during the current decade.

Delicadeza: Delicadeza is the courtesy people should show one another; the respect for other people's feelings; the reluctance to offend or shock, the avoidance of unpleasant topics, the need for discretion and tact; the need for broaching controversial subjects with care. Delicadeza also implies refinement and caring in dealing with others.

Disciplina: Disciplina is the submission to a set of rules that govern behavior and curtail one's emotions and instincts in observance of those rules. In other words, one cannot do whatever one wants all the time. There are some forms of behavior which are not sanctioned by society and a disciplined person will avoid engaging in such activities.

Parentesco: Parentesco starts out by being a relationship based on close blood ties but ends up by encompassing the extended family of compadres, comadres, their children and other close friends and their families. From a blood relationship it becomes a spiritual and emotional kinship which is based on affection, trust and affinity.

Valor: Valor refers to human worth as well as to courage. One's value as a human being is based upon one's humanity and the fact that we are all God's children. Courage is highly prized in the Hispanic/Latino tradition. Men are supposed to have unfailing courage and the ability to rise above any challenge. Similarly, women should have the courage to undergo any hardship necessary to preserve and protect their families. "Dios mio, dame valor" (Dear God, give me courage) is a frequently used figure of speech when life becomes more difficult than usual.

Spirituality

This subsection includes an overview of the role that religious and spiritual practices and beliefs play in the daily lives of Latinas. A listing is presented of the various spiritual practices common in the Latino culture and their impact on health practices (including drug and alcohol treatment).

All of the material contained in this subsection is intended as a nonjudgmental exploration of spirituality as it influences health behaviors of Hispanic/Latina women and their families. This is not an endorsement or criticism of any "religious thought, practices or beliefs." Our effort in this section will be to explore the link between spirituality and health practices for the purpose of understanding health practices and potential prevention, intervention and treatment methods more clearly for Hispanic/Latina women.

Spirituality is an essential part of the Hispanic/Latino experience. Hispanic/Latino culture has evolved from the fusion of three cultures: Indigenous populations of the Americas, African and Spanish (European). When the Spaniards landed in the New World, they imposed their Roman Catholic religions on the indigenous peoples and on those of African origin. While the converted peoples embraced Roman Catholicism, they preserved

their own religious beliefs, traditions, values and rituals, adapting them to Catholicism in various ways. Given the mystical nature of the Roman Catholic religion and its acceptance of miracles (Jesus turning water into wine), miracle cures (Jesus healing Lazarus), its rituals, statues and symbolism, this “merging” of indigenous beliefs, values, traditions, and rituals with an imposed religion is understandable.

Definition of Spirituality

Spirituality is a constellation of forces that combines culture, social expectations, institutions, values, and beliefs.

Spirituality may include:

- ◆ An individual sense of the existence of a “higher power” or “guiding light”;
- ◆ A belief in a world in the hereafter;
- ◆ An adherence to a moral/ethical code;
- ◆ A philosophical approach to interfacing with others, based on religious principles;
- ◆ A sense of oneness with a spirit or spirits;
- ◆ A belief that the spirits of the dead, surviving after the mortal life, can and do communicate with the living especially through a person particularly susceptible to their influence (a medium); and
- ◆ A sense that there is meaning and purpose in every life and that even if we don't always understand God's purpose in sending challenges or tragedies our way, there is a divine plan at work and everything – good and bad – happens for a divine reason.

Spirituality is expressed through:

- ◆ Structured, organized religious activities;
- ◆ One's behavior toward others and oneself; and
- ◆ Practices, attitudes, beliefs and values.

Institutions involved in expressing spiritual beliefs:

- ◆ Churches and temples;
- ◆ Schools; and
- ◆ Spiritual societies (Rosicrucians, Masons).

What is the Cultural/Spiritual Definition of the Hispanic/Latina Woman?

There are many definitions of what an Hispanic/Latina woman is. From a spiritual or religious perspective she may take on many formal and informal roles. These roles may reflect her personal or organized religious expectations.

The role of organized religion

The Church (Roman Catholic as well as Fundamental Protestant) has been seen as a major linkage for struggling service providers who seek to better access the Hispanic/Latino population. Because of tremendous Hispanic/Latino affiliation with organized religious practices, the church is sought as the linking vehicle.

For many Hispanics/Latinos, the Church as a vehicle for prevention and intervention messages must be carefully and sensitively managed. This is because some women who seek self-empowerment may be uncomfortable with the Church's often patriarchal definition of the female role.

These roles are sometimes described as:

- ◆ Passive;
- ◆ Submissive; and
- ◆ Secondary to males.

A cleric may be a positive force, since he may be one of the few helping professional males (other than the physician) who speaks intimately with Hispanics/Latinas.

Spirituality and Health

The health practices of the Hispanic/Latina are often rooted in spiritual beliefs and expectations. The church, spiritualist, cura (priest), curandero or others often play an important role in the illness recovery process. As such, they may also play an expanded role in the health promotion and disease prevention process.

Some health-related practices in the Hispanic/Latino community related to spirituality include:

Curanderismo: The art and science of healing physical, emotional and spiritual ailments through prayer, spiritualism, use of herbal preparations, balms, unguents, candle lighting and the laying on of hands. The curandero(a) is a person who is considered to possess "facultades" (supernatural powers), who is in contact with saints, spirits and higher powers and who prescribes remedies, incantations and rituals to cure ill health. Since most organized religions frown upon these practices, this person may or may not function within an organized church setting. "Curanderismo" is particularly strong among people

of Hispanic/Latino Caribbean extraction, but variations on this theme are found in other Hispanic/Latino communities. A curandero may work with evil spirits to confound or destroy enemies, in which case he/she is a “brujo.”

Santería: The worship of saints who are supposed to possess specific powers such as resolving difficult situations, finding lost property, or fostering love affairs. The difference between a curandero and santero is that the santero works with his/her saints and is not necessarily involved in “medical healing” as such. Some santeros work “for good or bad” while others will only work “for good” and will not cast evil spells on enemies. Cuba and Puerto Rico are places where santería is common. The **santero** may carve a saint for the person in need of a favor which that person will buy, take home, and pray to. The person may also light candles in the saint’s honor and engage in other forms of worship. On the saint’s feast day, special ceremonies and celebrations will take place.

Espiritismo (Spiritualism): The belief that certain persons have the power to communicate with spirits in the “other world” to effect healing, solve problems and guide peoples’ lives in a positive or negative way. The espiritista is someone who believes in espiritismo. The espiritero is a person with spiritual “faculties” (i.e., ability to communicate with the spirits), but who also worships saints. The medium or mediaunidad is the person who has the spiritual faculties that enable him or her to speak with the spirits and receive messages from them. This person will hold seances where the spirits will be present and speak. Espiritistas should not accept any compensation for their services, for theirs is a divine gift, but spiritualist temples (Casa de las Almas) will accept donations for support. While some spiritualists may recommend using certain remedies, they usually only function in the realm of spiritual healing. Most espiritistas will not work with evil spirits.

Yerbera: A healer who uses natural remedies (herbal teas, tisanes, liniments) to cure physical ailments. While la yerbera has a spiritual dimension, his/her “powers” are of a medical nature. Usually yerberas are not involved in the elaborate rituals followed by santeros and espiritistas, but they do believe that certain plants have miraculous healing powers.

Sobadores: A folk chiropractor who will eliminate illness, whether physical or mental, by “laying on of hands” in the form of a nonsexual body massage. La yerbera could also be a sobador. A sobador could be a curandero. Usually the sobador is not an espiritista medium.

Chapter Three

Assimilation, Acculturation and Transculturation

This section offers a review of the difference between assimilation, acculturation and transculturation, along with a discussion of the stressors faced by Latinas along different points in this spectrum. An awareness of the issues that arise because of these stressors is of the utmost importance in the efforts of drug and alcohol treatment programs to enhance their services to Latinas.

Transculturation, Cultural Identity and Our Clients

All Hispanics/Latinos have varied degrees of cultural affiliation. This includes their attachment to very traditional values as well as their attachment to newly learned ways of expressing values. Members within a family may have various ideas of which values will steer their lives. Transculturation is the

term we use to describe the movement along a plane of differing values adherence, expectations, and cultural prescriptions.

Some Important Definitions²

Assimilation

Assimilation refers to giving up one cultural identity and its values, beliefs, attitudes, and practices for that of another culture. For many Hispanics/Latinos, assimilation has taken on a negative connotation. Hispanics/Latinos in the United States have faced many policies that have attempted to force assimilation.

Acculturation

Acculturation is a term that signifies “dual learning” regarding one’s cultural identity. It includes traditional roles and values, together with the process of becoming adapted to the mainstream dominant culture. Acculturation is also used to describe individuals who function in response to the expectations of the more mainstream, dominant culture in some situations. People who have become acculturated are sometimes looked down upon by some members of their ethnic group because they are thought to have rejected their cultural heritage.

Transculturation

Transculturation describes the social adeptness for navigating in different cultural contexts as is expected in each context. For example, an individual may be able to talk with elders and demonstrate respeto when at the abuelito’s home, while also being able to be confrontational or competitive in negotiations in the business world. This describes the ability, capacity, and skills in interpreting the cultural distinctions and nuances of behavior in both the traditional culture and in the mainstream dominant culture. Transcultural ability varies greatly from individual to individual. Some can

operate over a wide “grey area” while others may have difficulty doing so. An individual who is able to navigate across cultures may still elect to center their lives in their traditional culture.

Cultural Conflict

Cultural conflict may occur between two or more people when one person’s behavior is based on the expectations of the mainstream, dominant culture while the other persons’ evaluation and judgment of that behavior is based on traditional values and expectations (and vice versa). Cultural conflict arises when expectations of what is correct and proper are based on two different patterns of culture. For example, cultural conflict may surface when, an Hispanic/Latina woman is told by a provider to be sure that her mate uses a condom, but the women’s own level of cultural affiliation prevents her from requesting her mate to do so.

Addressing Issues in Treatment/Recovery

Service providers need to better identify stressors related to the level of the Latina woman’s acculturation in order to positively affect the participant’s ability to respond to and benefit from drug or alcohol treatment. We will attempt to explore aspects of this process in this review. Identifying The Internal Conflict and The Interrelational Conflict as areas to explore provides a framework for addressing the possible issues.

Internal Conflict

Race, ethnicity, and cultural issues are often the least self-identified problems for a woman. Often there are issues of unresolved rage as it relates to her experiences of being treated or responded to in a certain way due to her race. She may have a great love for her culture and feel that due to her addiction she has dishonored her community. She may be very uncomfortable and unaccepting of herself based on color, race, or ethnicity. Acculturation-related stress may be a result of her own discomfort with how she has adapted to or been forced to adapt to majority cultural values. She may feel she cannot maintain her cultural values and survive in the “system.” She may experience rejection of her cultural heritage because she believes that the negative stereotypes are true. This rejection of her own culture may be a source of shame and guilt. Moreover, such rejection may contribute to low self-esteem if she devalues herself as a member of a group that she sees as “bad” or “less than.” Addressing how a woman sees herself in a cultural context can facilitate her exploration of those perceptions that may be hindering her recovery process.

Interrelational Conflict

Some women who are of the same race and ethnicity may be in conflict with one another and have difficulties relating in treatment, due to varying levels of acculturation. Depending on their perspective, they may look down on one another or they may have problems communicating with each other. Depending on her ability to relate to others

outside of her cultural group the Latina woman may be less likely to access available services. If she does access these services, she may need to be very dependent on her husband or even her children, because they may be more acclimated to language and other aspects of the majority culture than she. These relationship issues can create great emotional conflict for the Latina woman, and this type of acculturative stress may be a contributing factor to her substance abuse.

Chapter Four

Implications for Treatment and Recovery

Culture is the aperture through which one views the world. Addressing culture as an issue of recovery is responsive to the fact that who and what “I” believe “I” am, and who and what “I” believe the world to be is a process of my experience. Any experience can be a factor that contributes to a person using/abusing drugs. Culture can be compared to the water surrounding a fish, in that it is essential and it impacts every aspect of the fish’s life. However, the fish may not acknowledge or easily recognize its properties because the fish has been surrounded by water all its life. Culture incorporates all aspects of how we behave and what we do to survive and thrive in the world. How we use resources and how we develop rituals and practices in our relationships with each other are also aspects of culture. There can be negative aspects of culture; there can be trauma associated with it. When one cultural group is placed in another culture’s domain, typically the dominant culture group uses its frame of reference, its experience of the world as a model of how the world should be defined and operate for all. This can become an experience of oppression, bias, negative stereotypes, and power and control struggles for the culture in the minority. It can become an area of crisis for the minority culture due to emotional and psychological adjustment to the general experience of having their values, their view of the world, their methods, rituals, and practices for survival devalued or altogether rejected. This experience can create a variety of feelings that end up being contributors to substance use.

As we begin to explore providing services for Latina women, we must consider how their diversity is recognized and appreciated in the recovery process. Do we examine how they best benefit from and respond to various treatment approaches and strategies based on their values? For instance, if a woman is tied to her relationship with her family, a program could be set up to address recovery as a family issue, to perhaps make her treatment experience much more viable to her. How do women’s relationships to place of origin and the traditions, customs and practices that derive from their culture impact the issues that need to be addressed for successful recovery outcomes? For example, a woman coming from a country that was war-stricken may need continuous and consistent reassurances of her safety in order for her to best respond to the treatment setting. What is the client’s level of comfort with who she sees herself to be and where she comes from? Does the program provide a mechanism with which to discuss these issues?

Challenges for Providing Quality Services

1. Can we facilitate a process that allows the Latina woman to share her own unique story, encouraging her to attach value to those aspects of her experience that she dictates are important? Connected with this, can we begin to understand some of the components that make up cultural perspectives and be able to appreciate differences and honor other groups’ diversity?

2. An additional challenge comes when asking the Latina what roles, what behavior and practices are occurring that within her cultural context detract from her recovery

process. We must develop dialogue and ways to frame her experience that specifically allow her to evaluate and examine her experience.

3. Can we develop a process that allows her to make her own *informed choices* of what new cultural elements to adopt, what old elements to maintain, and how to be creative in finding her own solutions support herself and her sobriety?

4. Can we keep our program's treatment approaches individualized enough to address the different needs of first versus second generation Latinas? Can we appropriately address diverse levels of acculturation?

5. Can we be creative and flexible enough to experiment with program design, structure, and practices to make services more responsive to the needs of the Latina woman?

Beginning to ask the kind of questions that help us develop individual recovery programs that are sensitive to diversity within the Latino culture is the beginning of being able to increase positive treatment outcomes for this group.

Because of the stigmas attached to chemical dependency, the high birth rate, high poverty level, and the variation in language and literacy level in the Latino population, programs wishing to serve Latinas must structure their programs so that these issues can in some way be addressed to make their programs more accessible.

In order to structure our programs in a way that makes them more accessible and viable for the Latina, we must be prepared to examine and challenge the systemic barriers and staff attitudes/beliefs within our programs that may inhibit cultural sensitivity and competency. We must be especially prepared to educate ourselves in order to acquire the tools needed to make our programs more effective in serving Latinas. How we structure our programs to address obstacles will in part be a reflection of the degree of cultural advocacy we incorporate in our philosophy and actual program practice.

Our programs become more effective as we understand and are educated on issues of assimilation, acculturation and transculturation. The more Latina role models that we have to reflect sobriety and empowerment to the women we serve, the more they can identify themselves in the recovery process. Incorporating client input in problem solving for herself increases our ability to address the issues as they specifically pertain to her. Establishment of support groups and aftercare groups that are able to address the issues pertinent to the Latina are all a part of the development of comprehensive and effective programming.

The section will offer other specific frameworks and suggestions to enhance treatment services for Latinas.

Examples of Socioeconomic Elements Affecting Treatment Among Hispanic/Latina Women

SocioEconomic Elements	Implications for Treatment
Limited formal education	Develop treatment for low literacy levels, Develop audio-visual/pictorial materials
Diverse educational levels	Develop materials for a variety of educational levels
Diversity of language preference/dominance	Determine which language is most appropriate for delivery of treatment services to client or individual client family members
Limited or lack of access to health care	Strategize to reach women in places other than through the health care system
Use of folk providers	Identify and form alliances with folk providers network Educate folk providers on addiction
High birth rate	Discuss unprotected sex as a high risk factor for HIV infection. Discuss birth control in a culturally appropriate context
Late or no prenatal care	Identify ways to reach pregnant women and women of childbearing age in ways other than through the health care system
High percentage of high school dropouts	Plan intervention for out-of-school youth; and maintain resources for adult education
Female alcohol/drug use	Identify message and strategies to effectively intervene with this population
Alcohol/drug use in women's sex partners	Assist women in becoming knowledgeable about substance abuse prevention/addiction concepts and co-dependence
Extended family network	Include other persons besides the nuclear family in prevention efforts
High percentage of women as heads of household	Provide appropriate support (e.g., child care) so this population can participate in treatment
Female participation in the workforce	Have treatment options available after working hours

Keys To Empowerment of the Latina Woman

EMPOWERMENT can be a process that any program can establish and integrate into its system to the degree that the perspective and scope of its mission is to enable women to help themselves. It is reflective of the adage (altered to be women-specific) "Feed a woman a fish for a day and you have fed her well for that day, but teach a woman how to fish and she can feed herself for a lifetime."

The process of recovery is a lifetime venture that requires the woman seeking it to take initiative, be self-motivated, do those things that encourage and sustain her in maintaining a healthier drug and alcohol free lifestyle. She has to choose and understand that she can take responsibility for these choices.

When we put this responsibility in a cultural context we must assist her in a self-examination of her values and of the range of issues that may contribute to her substance abuse. She needs to be able to discuss those influences and experiences (that she may have never questioned before) in a way that allows her to determine the degree to which various behaviors and practices may no longer serve her. She needs an opportunity to be able to honor her own diversity and culture/s, recognize the positives in her own heritage, and respect the value of her own experience.

This process can be facilitated in several ways and through several aspects of program structure including program philosophy, treatment/recovery design, staffing, and client/participant activities.

Program Philosophy

Development of Latina-specific programs that are tied in to the community make the program become more viable and empowering to the Latina when she can see how that program is also responding to the needs of her family and of her community. It is imperative that resource material as well as written material for all aspects of the program (i.e., intake form, written group material, books and other treatment-oriented information) be culturally relevant as well as literacy-level appropriate in both English and Spanish. The degree that the program is really woman-specific and responsive to gender-specific issues in the way it is designed and implemented also greatly affects its utilization by Latinas.

Treatment/Recovery Design

See below for a simple framework to examine how we can help our clients motivate and help themselves. An underlying principle of this process is helping the client identify her belief in her own ability to affect change in her life. The counseling process should facilitate the client exploring feelings regarding her ability to make changes and what barriers are in the way of implementing changes.

SENSITIVE WAYS TO EMPOWER³

Ethically and Culturally Sensitive vs. Insensitive Attitudes and Values

SENSITIVE

Do with

Work alongside

Assist

Provide input

Facilitate

Provide additional resources

Encourage

Respect

Display concern

Demonstrate empathy

INSENSITIVE

Do for

Lead

Control

Advise

Determine

Impose additional requirements

Mandate

Condescend

Display paternalism

Demonstrate sympathy

PEOPLE WHO FEEL DISEMPOWERED

Below are a number of issues that service providers must be prepared to address:

- ◆ Incorporating issues of ethnicity and culture for discussion and assessment
- ◆ Differentiate first, second and third generational values
- ◆ Incorporating assessments that examine stress related to acculturation.
- ◆ Identifying behaviors that may specifically generate very different responses, depending on cultural/ethnic background, and that may be important in terms of recovery:
 - child rearing
 - education
 - food taboos

- hygiene
- meal times
- religious practices
- relationships

- ◆ Developing opportunities for self-defining

Program Staffing

Programs can empower clients by having staff in the program who mirror the people they serve. Using service providers' experiences as battered women, recovering addicts/ alcoholics, etc., so that the women will know that others have experienced some of the same things they have. The need for role modeling is on several levels such as gender, sexual orientation, ethnicity, language and dress. The counselor can empower the client by having skills and qualities that are culturally sensitive such as those that are outlined on the following page.

ADDRESSING CULTURAL ISSUES

It is important for service providers to identify counseling strategies in order to support the empowerment of Latinas in recovery and help address the array of cultural strengths and concerns that women may bring into treatment and recovery. Helpful strategies are those that:

Allow for power-sharing

Encourage self-expression

Require self-analysis

Recognize emotions

- ◆ Consider social, societal, gender, environmental factors

- ◆ Examine differences

Encourage value of self

Can facilitate experiences for the client that empower, allow expression

Encourage external support systems

Help the client develop alternatives and seek options

Strengthen sense of self

- ◆ Place in context self in relation to society/community

- ◆ Account for societal influence on client

Acknowledge/accommodate language/communication barriers

Assist in examining and recognizing acculturative stress

Validate cultural rituals and practices that empower

May encourage growth beyond cultural, societal expectation.

IDEAL QUALITIES OF THE CULTURALLY SKILLED COUNSELOR

1. The counselor is aware of his or her own cultural heritage.
2. The counselor values and respects cultural differences.
3. The counselor is aware of how her/his own values might affect others.
4. The counselor is willing to suggest referral when cultural differences are extensive.
5. The counselor understands the current sociopolitical system and its impact on the culturally different.
6. The counselor demonstrates knowledge about the world of the culturally different.
7. The counselor has a clear understanding of the cross-cultural communication process.
8. The counselor is aware of institutional barriers which might affect the circumstances of those she/he serves.
9. The counselor elicits a variety of verbal and nonverbal responses from those she/he serves.
10. The counselor accurately sends and receives a variety of verbal and nonverbal messages.
11. The counselor is able to suggest institutional intervention skills that favor the culturally diverse individuals she/he serves.
12. The counselor attempts to perceive the presenting problem within the context of the individual's cultural experience, values, and/or lifestyles.
13. The counselor is at ease talking with those she/he serves.
14. The counselor recognizes those limits determined by cultural difference between those she/he serves and herself/himself.
15. The counselor appreciates the individual's social status as an ethnic minority.
16. The counselor is aware of her/his own professional and ethical responsibilities as a counselor.
17. The counselor acknowledges and is comfortable with cultural differences.

Client/Participant

Incorporating activities, exercises and philosophies into the program which allows the Latina to explore different aspects of herself and of her culture can be valuable. Such activities empower her by validating her life experience and by providing her with a safe place in which to discover herself, and at the same time possibly enjoy herself in the process. The following are suggested activities that were compiled in the previously mentioned focus group held in Los Angeles:

- ◆ Identify studies that focus on the positive aspects of the Latino culture and its history.
- ◆ Conduct groups that focus on gains/losses in following different aspects of Latino traditions.
- ◆ Facilitate support groups that encourage empowerment for Latina women.
- ◆ Have groups that focus on the strengths in women.
- ◆ Address issues that arise as a result of 'internal messages' that were given to us by our families and examine the messages that we are giving our children.
- ◆ Emphasize the facilitation of a safe environment.
- ◆ Facilitate an exercise(s) in which the clients write the scripts or rules that they grew up with about being a Latina. After the women examine and review what they've written, they can determine what dictates they want to continue to live by, and which ones they want to change or get rid of altogether.
- ◆ Facilitate sessions on building negotiation skills.
- ◆ Practice rituals that are responsive to Latina issues.
- ◆ Where feasible, help the clients individually and/or as a group develop systems in the group that are more reflective of their values (example: eating together as a family)
- ◆ Celebrate and acknowledge important Latino holidays, involving the clients in the development and planning of these holiday festivities.
- ◆ Provide general discussion/focus groups that identify or examine key issues of Latina women. This is an empowerment act that assists the women in framing their own issues.

Summary

Empowerment of the Latina woman can be successfully incorporated, developed, and designed into a program structure. This is possible after specific tools and strategies are assessed and identified for appropriateness and sensitivity for Latina women. In this context, appropriate means that the program has been responsive to placing value and validity in the Latina woman defining her own experience and has helped facilitate a process by which historical factors, the role of culture and gender, as well as other socio-cultural issues have been incorporated as relevant aspects of the service delivery and treatment experience. Sensitivity is established as the program staff are able to acknowledge their understanding of culture and its impact on world view and behavior as well as assess what possible barriers exist within the program structure and philosophy that may inhibit advocacy, support and effective cross-cultural counseling to the program participant. The ability to acknowledge and honor the diversity within the Latina's cultural group is paramount to real competency and skill in serving this population.

Many of the recommendations for activities in this document are group oriented. Its value and necessity should be explored and expanded as facilitators begin to see how viable the process can be. Many women feel isolated. In the group process they get a chance to connect with each other and discover that there are many areas where they relate and experience similar feelings. Discussions of key issues can support empowerment. Through the group process, women can collectively define a sense of their *own* issues. Through the structure of the group process, women will have opportunities to be in dialogue together and to serve as models and mentors for each other. Where possible, opportunities should be set up consistently for the group's self-sufficiency, collective and individual strengths to be reinforced.

As programs endeavor to provide a forum for cultural perspectives to emerge and be put into context with regard to their relationship to substance abuse, a more comprehensive process for empowerment for the Latina woman is facilitated. Designing a program with the elements described in this document, and incorporating the issues presented to make your program Latina-specific and women-specific, provide a foundation for quality individualized service. It becomes a response to the whole person, as opposed to more limited conceptions of who the Latina woman is, and provides real opportunity for her self-discovery and empowerment.

References

Cuentos de Esperanza, Socorro y Fe. (1992) *Stories of Three Women: Hope, Socorro and Faith*. In HIV/AIDS Prevention Among Hispanic/Latina Women.

Training of Service Providers Participants Manual.

Developed by Transamerican Corporation, Inc., 2717 Ontario Road, N.W., Washington, DC 20009.

Flores, B. (1990) *Chiquita's Cocoon: A Cinderella Complex for the Latina Woman*. California: Pepper Vine Press, Inc.

✓ Marin, B.V. *Hispanic Culture: Implications for AIDS Prevention*. San Francisco: Center for AIDS Prevention Studies, University of California, San Francisco. (Box 0886, San Francisco, CA 94143).

Vega et al. (September, 1993) *Profile of Alcohol and Drug Use During Pregnancy in California: Perinatal Substance Exposure Study General Report*. Submitted to the California Department of Alcohol and Drug Programs by University of California, Berkeley, School of Public Health, and the Western Consortium for Public Health.

United States Bureau of Census, U.S. Department of Commerce. Hispanic population in the United States, United States Printing Office.

Gilbert, S. and J. Mora. Alcohol-Related Issues in The Latino Population 1980-1990: An Annotated Bibliography. Available from: University of California, Berkeley, Chicano Studies Department, Publications Unit, (510) 642-3859.

Books about Latinas and Alcohol/Other Drugs

Suggested Reading

✓ Carillo, C and S.J. Andrade, Ph.D. (eds.). (1992) *Bernice Meeting the Needs of Hispanic Women: A Resource Manual Gonzalez for Alcohol Service Providers*. Published and distributed by the California Hispanic Commission on Alcohol and Drug Abuse, Inc., 2021 P Street, Sacramento, CA 95814. (Cost \$15.00. for individuals and non-profits).

✓ Flores-Ortiz et al. (eds.). (1994) *International Journal of the Addictions*, 29(9). This issue provides a collection of papers/research focused on Latinas and alcohol/other drug issues.

Books on Alcohol/Other Drugs with Chapters on Latinas/Latinos

Center for Substance Abuse Treatment (CSAT). (1994) *Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs*. Rockville, MD: Department of Health and Human Services, Public Health Services. Available from: National Clearinghouse for Alcohol and Drug Information, 1-800-729-6686.

Gordon, Jacob (ed.) (1994) *Managing Multiculturalism in Substance Abuse Services*. Thousand Oaks, CA: Sage Publications.

Pinderhughes, Elaine. (1989). *Understanding Race and Ethnicity and Power*. New York Free Press.

- ✓ Roth, P. (1991). *Alcohol and Drugs are Women's Issues: A Review of the Issues*. New York: Women's Action Alliance and Scarecrow Press.
- ✓ Timble, J., C. Bolek and S. Niemcryk (eds.). (1992) *Ethnic and Multicultural Drug Abuse*. New York: Harrington Park Press.

Books by, for, or about Latinas

Anzaldúa, G. & Moraga, C. (eds.) (1981). *This Bridge Called My Back: Writings by Radical Women of Color*. New York: Kitchen Table-Women of Color Press.

Blea, I. (1992). *Chicana Voices: Intersection of Race, Class, and Gender*. Albuquerque: University of New Mexico Press.

Cases, J.M., Vasquez, M.J.T. (1989). Counseling the Hispanic Client: A Theoretical and Applied Perspective. P. Pedersen, J. Draguns, W. Lonner, & J. Trimble (eds.), *Counseling Across Cultures* (Third Edition). Honolulu: University Press of Hawaii.

Dana, Richard H. (1993). *Multicultural Assessment Perspectives for Professional Psychology*. Needham Heights, Massachusetts: Allyn and Bacon.

Galan, F.J. (1988). Alcoholism prevention and Hispanic Youth. *Journal of Drug Issues*. 18(1), 49-58.

- ✓ Monica McGoldrick, John K. Pearce, Joseph Giordino (eds.) *Ethnicity and Family Therapy*. (1982). New York: The Guilford Press.

Soto, S. (1990). *Emergence of the Modern Mexican Woman*. Arden Press.

Organizational Publications

Chicano Studies Library Publications Unit, 104 Wheeler Hall, University of California, Berkeley, CA 94720-2570, (510) 642-3859, Fax (510) 642-6456. Publishes *Alcohol-Related Issues in the Latino Population, An Annotated Bibliography* by Gilbert, Solis and Mora. 129 pages. ISBN:0-918520-20-7. \$25.00.

National Latina Health Organization, P.O. Box 7567, Oakland, CA 94601, (510) 534-1362. This membership organization has a newsletter and directories of Latina health organizations.

Books by, for, and about Latina Lesbians

Anzaldúa, G. (1987). *Borderlands: La Frontera, The New Mestiza*. San Francisco: spinsters/aunt lute.

Moraga, C. (1983). *Loving in the War Years: lo que nunca paso por sus labios*. Boston: South End Press.

Moraga, C. (1993). *The Last Generation: Prose & Poetry*. Boston: South End Press.

Ramos, J. (1994) *Companeras: Latina Lesbians*. New York: Routledge Press.

Trujillo, C. (1991) *Chicana Lesbians: The Girls Our Mothers Warned Us About*. Berkeley: Third Woman Press.

Organizational Publications

*The following organizations **do not** provide Alcohol or other Drug services. They exist to support and empower Latina/o Lesbian, Gay, Bisexual and Transgender communities socially, politically or artistically.*

ELLAS-Latina Lesbian and Bisexual Alliance; Produces ELLAS Newsletter. c/o The Women's Building, 3543 18th St. Box 16, San Francisco, CA 94110

Lesbianas Unidas; Produces LU Newsletter and hosts annual alcohol-free Latina Lesbiana retreat and annual Dia Internacional De La Mujer Celebration. Correspondence to 805 Westboro, Alhambra, CA 91803, LU Hotline (818) 282-LU27. Contact: Sandy Ortiz.

LLEGO California; P.O. Box 40816, San Francisco, CA 94141, (415) 554-8436, Fax (415) 554-8444. Contact: Sandy Ortiz. Produces 1994 California Directory and California LLEGO History.

National LLEGO; 703 G Street, SE, Washington, DC 20003, (202) 544-0092, Fax (202) 554-2228. Produces Aqui LLEGO Newsletter, Nuestra Herencia-Our Heritage, National Directory of Identified Latino & Latina Lesbiana Organizations, and La Guia-A Resource Guide for Gay, Lesbian, Bisexual and Transgendered Latinas/os.

VIVA-The Lesbian and Gay Latino Arts Organization; 4470-107 Sunset Blvd., #261, Los Angeles, CA 90027, (310) 301-8035, Fax (310) 301-9326. Contact: Monica Palacios. Produces VIVA, a quarterly Arts Journal.

¹ Trujillo, Carmen: *Chicana Lesbians: The Girls Our Mothers Warned Us About*. Third Woman Press, Berkeley, 1991. p162. Essay: Perez, Emma: Sexuality and Discourse: Notes From a Chicana Survivor.

² These definitions are those generally used by practitioners in the U.S. They are adapted from the works of many authors and publications including Castro, F., 1989; Szapocznik, J., 1987; Cardenas, P., 1992.

³ *Parent Training Is Prevention, Preventing Alcohol and Other Drug Problems Among Youth in the Family*. Office of Substance Abuse Prevention, U.S. Department of Health and Human Services, Washington, D.C., 1991.

